PTO/SB/06 (08-03)
Approved for use through 7/31/2008, OMB 0651-003.2
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

۳	under the Paper	work Reduction Ac	G 1995,	no persons are n	quired to respon	<b>10</b> 10	a collection of i	nformation un				
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									1998	Application or Docket Humber		
Substitute for Form P10-8/3											977	
CLAIMS AS FILED - PART ( (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
	FOR	NUM	NUMBER FILED		NUMBER EXTRA		RATE	FEE	]	RATE ·	FEE	
C	BASIC FEE CJ CFR 1.15(0)					1		1,	OR			
	CFR 1.15(c))	7	entraus 20 •			1	x s		OR	x 3 •		
13. 13.	CFR 1.16(b))	UMS	minus 3 =				X	1	OR	× 5 •		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(4))							+4		OR	1,	1	
- ,	of the difference in column 1 is less than zero, enter "O" in column 2.							<del>                                     </del>	OR	TOTAL	1	
									J 0~	IOIAL	<u> </u>	
CLAIMS AS AMENDED - PART (I												
<u> 3</u> .		(0000010111)		(Column 2)	(Column 3)		SMALL	ENTITY	OR		R THAN ENTITY	
4	261	CLAIMS REMAINING		NUMBER	PRESENT	]	RATE	4004		RATE	ADDI- ·	
ENT	705	AFTER AMENDMENT		PAID FOR	EXTRA			TIONAL FEE	]		TIONAL FEE	
AMENDM	D) CFR LINKS	20	Minus	"20			x . 25 .		OR	x : <u>50</u> .		
Ŵ	independent (37 GPR 1.15(03)	2	Minus	3			x s/00 .		OR	x s 200.		
₹	FIRST PRESEN	TATION OF MULTIPL	LE DEPENO	ENT CLAIM (27 C	FR 1.18(4))		+=/80.		OR	+:360.		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Cotumn 3)							
18	5/24/a	REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT	Ì	RATE	ADD1-		RATE	ADOI-	
Ñ	Total	AMENDMENT	Migus	PAID FOR		H	·	TIONAL FEE			TIONAL FEE	
ENDMENT	(32 CFR 1,1803) Endependent	20		20		Ц	25.		OR	× = 50 -		
AME	COT CAR LINEAR	4	Minus	3			x s <u>////</u> 2		OR	из <i>200</i> -		
⇉	FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (27 CFR 1.16(0))						+ 1/BD-		OR	.340.		
Π	10/15/11/2						ADD'L FEE		OR	ADD'L FEE		
	110/0	(Cotumn 1)		(Cotumn 2)	(Cotumn 3)				•			
ď		CLAIMS		HIGHEST	PRESENT	ı			ſ			
		REMAINING AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total (37 GPR 1.18(3)	25	Minus	: D	.5		x. <u>125</u> =		OR	x. <u>50</u> .	250	
퉬	Independent (SFR 1.8600)	· 4	Vinus	<del>"</del> 3	• /		x 1 <u>/00</u> =		OR	x : Z00-	200	
3	FILST PRESENT	ATION OF MULTIPLE	DEPENDE	ENT CLAIM EST CF	R 1.16(4))	ſ	+1/80-		OR	+360		
TOTAL TOTAL //											450	
• If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  "If the T-lighest Number Previously Paid For" IN THIS SPACE is less than 20, only "20".												
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the USPTO to process) an application. Confidentiating is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Thus will vary depending upon the Includinal case, Any comments on the surround of time you require to complete this form endoor suggestators for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Petents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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